FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 27-96 B-836 NC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H67981 (1)

1. Corporation Name

LEVY, KNEEN, BOYES, WIENER, KORNFELD & DEL RUSSO , PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
STE 1000, 1400 CENTREPARK BLVD WEST PALM BEACH FL 33401	STE 1000, 1400 CENTREPARK BLVD WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 07/22/1985	3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-2558619	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KORNFELD, GARY L.
STE 1000, 1400 CENTREPARK BLVD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable — (New Registered Agent signature required, if necessary) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNEEN, JEFFREY D.		1.2 NAME	
STREET ADDRESS	#1000, 1400 CENTREPARK		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WIENER, DAVID J.		2.2 NAME	
STREET ADDRESS	#1000, 1400 CENTREPARK		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DSV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KORNFELD, GARY L.		3.2 NAME	
STREET ADDRESS	#1000, 1400 CENTREPARK		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEL RUSSO, ALEXANDER		4.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD #1000		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan D. Kneen V.P. 1-25-96 4074784711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #